

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169
 County Registrar No. 84/2
 Local Registrar No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Christina Padilla { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? _____
 5. No., in order of birth. 1 7. Date of birth Sept. 26 1926
 Month Day Year

8. FATHER

Full name Juan Padilla

9. Residence (Usual place of abode)

If nonresident, give place and state Miami

10. Color or race

Mexican

11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country) Mexico

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name

Angela Seines

15. Residence

(Usual place of abode)

If nonresident, give place and state Miami

16. Color or race

Mexican

17. Age at last birthday 35 (Years)

18. Birthplace (city or place)

(State or country) Mexico

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2
 (b) Born alive but now dead None
 (c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:00 m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Address

John Hagan
Superintendent, Ariz.
Sept 30 1926
C.E. Dwyer
 (Physician or midwife)

Given name added from a supplemental report

Month, day, year.

Filed Sept 30 1926

Filed _____ 19 _____

Local Registrar.

County Registrar.

Registrar.

371-926-129